## SOLID WASTE PERMIT BY RULE NOTIFICATION

Tennessee Department of Environment and Conservation Division of Solid Waste Management



1.	a.	. Facility's full, legal name			Official Use Only			
	b.	Mailing address	ing address City			State	Zip Code	
2.	a.	. Physical location or address of facility				County		
	b.	Latitude (degrees, minutes, and seconds)  Longitude (degrees)			rees, minutes, and seconds)			
3.	a.	Responsible official's name		Phone number with area code ( )				
4.	Ма	Manager's or Operator's name			Phone number with area code ( )			
5.	a.	. Landowner's name			Phone number with area code ( )			
	b.	Mailing address		City		State	Zip Code	
6.	a.	Zoning authority's name	Current z	•	Phone number with area code ( )		ode	
	b.	Mailing address		City		State	Zip Code	
7.	b.							
8.	3. Type(s) of waste handled or processed: ☐ Food ☐ Tires ☐ Commercial ☐ Soil ☐ Wood ☐ Medical ☐ Yard Waste ☐ Other							
9.		Amount of waste handled/processed/stored:						
		eight tons/c	day	Volume		cu	bic yards/day	
	St	orage Capacity	cubi	ic yards				
10. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information.								
	Da	Date Signature of Responsible Official						
		Official Title						
					ture of Notary			
	(Notary Seal) Date Commission Expires							
12	12. Date		Signature of Landowner _					
CN-1035		5	(continued on reverse)			RDA 2202		

## INSTRUCTIONS FOR SOLID WASTE PERMIT BY RULE NOTIFICATION

Complete this form for each facility that is processing and/or disposing of solid waste in Tennessee. If multiple facilities exist or are planned, describe each facility and its wastes on a separate form. **Submit completed documents to the respective field office in your area.** 

Each existing facility must submit this form along with the required information [1200-1-7-.02(1)(c)2.] within ninety (90) days after the effective date of this rulemaking. Facilities beginning operation after the effective date of this rulemaking must submit this form along with the required information [1200-1-7-.02(1)(c)2] at lest thirty (30) days before beginning operation.

- Line 1 a. **Facility's full, legal name** Give the applicant's full, legal name for this site to distinguish it from any other site the applicant or organization may own or operate in Tennessee. **Identification Number** leave blank for Division usage.
  - b. **Mailing address** Give a complete mailing address for applicant or organization.
- Line 2 a. **Physical location or address of facility** –Give information which will aid the Division in going to the site/facility. Do not give a Post Office Box Number.
  - b. Supply the **latitude** and **longitude** of the site with the precision of degrees, minutes and seconds. Latitude and longitude may be found by using a U. S. Geological Survey quadrangle map.
- Line 3 **Responsible official's name** Give the name and phone number of the person who the Division may contact for further information about the contents of this form.
- Line 4 **Manager's or Operator's name** Give the name and phone number of the manager or person who is responsible for the direction of activities at the site/facility.
- Line 5 a. Landowner's name Give the person(s) or organization name(s) and phone number(s) of the immediate owner(s) of the property [attached letter from landowner(s) as required by Rule 1200-1-7-.02(2)(d)1.(iv)].
  - b. **Mailing address** Give a complete mailing address for landowner.
- Line 6 a. **Zoning authority's name** Give the name and phone number of the zoning authority plus the current zoning status of the property.
  - b. **Mailing address** Give a complete mailing address for the zoning authority.
- Line 7 a. **Type(s)** of activity Check the appropriate type(s) of activity.
  - b. **Description of activities** Unless this is a landfill, enter a brief narrative description of how the solid waste will be handled and processed from the time it enters the facility until it leaves the facility.
- Line 8 **Type(s) of waste handled or processed** Check the type(s) of waste to be handled at the facility. If the waste type is not listed, check "other" and briefly describe the source or characteristics of the solid waste.
- Line 9 **Amount of waste handled/processed/stored** Provide an estimate of the daily weight in tons/day and/or volume in cubic yards/day that will be handled at the facility. Indicate the maximum amount of waste that can be stored in cubic yards.
- Line 10 **Certification** After all documents have been compiled for submission to the Division, the manager or owner responsible for the site must sign, date and give title. This signature must be notarized.